

## Application Data Sheet

### Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	DISPOSITIF D'IMMOBILISATION D'UNE TIGE DE LIAISON DANS UN ELEMENT D'ANCRAGE OSSEUX D'UN IMPLANT RACHIDIEN
Attorney Docket Number::	0529-1018
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	18
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: PIERRE  
Middle Name::  
Family Name:: BERNARD  
City of Residence:: BORDEAUX  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 176, RUE GEORGE MENDEL  
Address::  
City of Mailing Address:: BORDEAUX  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 33000

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: TIPHAINE  
Middle Name::  
Family Name:: LEPORT  
City of Residence:: LILLE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 28, RUE DE GAND  
Address::  
City of Mailing Address:: LILLE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 59800

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: JEAN-YVES  
Middle Name::  
Family Name:: LEROY  
City of Residence:: CAMPAGNE LES HESDIN  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 391, RUE DE SAINT ANDRE

City of Mailing Address:: CAMPAGNE LES HESDIN  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 62870

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: PASCAL  
Middle Name::  
Family Name:: ROKEGEM  
City of Residence:: SAINT-LAURENT BLANGY  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 36, RUE DU DOCTEUR MELLIN

City of Mailing Address:: SAINT-LAURENT BLANGY  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 62223

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: GUY  
Middle Name::  
Family Name:: VIART  
City of Residence:: SAINT-LEGER  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 6, RUE DE VAULX

City of Mailing Address:: SAINT-LEGER  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 62128

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: ARNAUD  
Middle Name::  
Family Name:: POMMIER  
City of Residence:: RAIMBEAUCOURT  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 270 RUE PAUL LAFARGUE

City of Mailing Address:: RAIMBEAUCOURT  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 59283

**Correspondence Information**

Correspondence Customer 000466

Number::

**Representative Information**

Representative Customer	000466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	02 16441	12/23/02	Yes
FRANCE	03 08701	7/17/03	Yes

**Assignment Information**

Assignee Name:: EUROSURGICAL SA

Street of Mailing Address:: 18 RUE ROBESPIERRE, BP 23

City of Mailing Address:: BEAURAINS

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 62217